BlueCross BlueShield of North Carolina

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Case Management Programs

At Blue Cross and Blue Shield of North Carolina, we care about our members' health and want to promote healthy behaviors. Because of this, we offer innovative programs for CHF, COPD, Diabetes and complex conditions at no additional cost. Patients work closely with our Registered Nurses to improve their health and lessen complications of their chronic conditions.

Enrollment Criteria:

All patients are assessed by a Registered Nurse prior to enrollment for:

- Symptoms associated with their disease that creates a severe functional limitation for the patient.
- Lack of knowledge for self-management.
- History of relatively rapid deterioration in clinical status when symptoms appear.
- Social isolation or other psychosocial barrier to compliance that places the patient at increased risk for complications.
- Presence of co-morbidities that are contributing to the severity of symptoms.

The patient must:

- Actively participate with Blue Medicare HMO or Blue Medicare PPO.
- Agree to participate (this is a collaborative, goal-setting program).
- Be able to communicate effectively with his/her managing Case Manager or have a full-time care-taker authorized to do so.
- Be able to use the daily home monitoring equipment safely and effectively to ensure accurate health check results (daily home monitoring participants).

Program Participants will receive:

- A daily home monitoring device assessing weights and/or symptoms that transmits information to the Registered Nurse (Eligible patients with CHF & COPD only).
- Telephonic one-on-one assistance, support, and education provided by a Registered Nurse.
- Targeted Educational material.
- Assistance with identifying community and prescription drug resources.
- 24-hour access to Registered Nurses through the toll free Telephone Learning Center (TLC) Line.

Disenrollment Criteria

Patient:

- No longer actively participates with Blue Medicare HMO or Blue Medicare PPO.
- Expires.
- Declines further participation.
- Elects Medicare Hospice benefits (individually evaluated).
- Resides in an Alternate Care Facility limiting the scope of the current intervention.
- Meets "Unable to Reach" criteria.
- Is not actively participating in the program or is unable to use the home monitoring equipment.
- Has met the individual goals for the program.

How you can find out more information:

Contact the Case Management Department at
1-877-672-7647 (toll free) and talk to a Registered Nurse.